

07-30-01

A



07/27/01

Please type a plus sign (+) inside this box → PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032U S Patent and Trademark Office; U S DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.JCS97 U.S.P.T.O.
09/916934

07/27/01

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No	INNOFF 3.0-006 DIV
		First Inventor	Odd N. Oddsen, Jr.
		Title	CONFIGURABLE MOUNT
		Express Mail Label No	EL804525561US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages 19]	a. <input type="checkbox"/> Computer Readable Form (CRF)		
(preferred arrangement set forth below)			
<ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 19]	b. <input type="checkbox"/> Specification Sequence Listing on <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper 		
5. Oath or Declaration [Total Pages 2]	c. <input type="checkbox"/> Statements verifying identity of above copies		
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney		
I. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)		
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
13. <input type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent			
17. <input type="checkbox"/> Other			

18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

 Continuation Divisional Continuation-in-part (CIP) of prior application No 09/406,531

Prior application information. Examiner Kimberly Wood Group / Art Unit 3632

For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label			or <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Stephen B. Goldman	Registration No (Attorney/Agent)	28,512
Signature			Date July 27, 2001

Express Mail Label No EL804525561

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Odd N. Oddsen, Jr.
Examiner Name	Not Yet Assigned
Group Art Unit	N/A

Attorney Docket No. INNOFF 3.0-006 DIV

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number 12-1095

Deposit Account Name Lerner, David, Littenberg,
Krumholz & Mentlik, LLP Charge Any Additional Fee Required Under
37 CFR 1.16 and 1.17 Applicant claims small entity status. See
37 CFR 1.272. Payment Enclosed Check Credit Card Money Order Other

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____		SUBTOTAL (3) (\$)	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1) (\$)		355.00	

2. EXTRA CLAIM FEES	Extra Claims	Fee from below	Fee Paid
Total Claims	16	-20** =	0.00
Independent Claims	3	-3** =	0.00
Multiple Dependent		=	

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

**or number previously paid, if greater. For Reissues, see above

SUBTOTAL (3) (\$)

*Reduced by Basic Filing Fee Paid

Complete (if applicable)				
Name (print/type)	Stephen B. Goldman	Registration No (Attorney/Agent)	28,512	Telephone (908) 518-6333
Signature			Date	July 27, 2001

Express Mail Label No EL804525561